



FY2017 ANNUAL SURVEY OF QUITLINES

Thank you for taking the time to complete the FY2017 Annual Survey. The survey is designed to collect information about quitline service offerings, budgets, utilization during Fiscal Year 2017 (FY17), and evaluation data from an evaluation conducted within the past 18 months. **You will be asked to report data for your FY17.** Please review the definition of fiscal year below.

Definition of FISCAL YEAR 2017:

The fiscal year is a 12-month period over which an organization budgets its spending. Among governments, most fiscal years are not the same as the calendar year. The fiscal year is referred to by the year in which it ends. For example: If a quitline's fiscal year ends June 30, 2017, then the definition of its fiscal year 2017 (FY17) is July 1, 2016 through June 30, 2017.

According to NAQC files, for most state's FY17 ran July 1, 2016 to June 30, 2017, EXCEPT for the following states:

- District of Columbia: FY17 runs October 1, 2016 to September 30, 2017
- Guam: FY17 runs April 1, 2016 to March 31, 2017
- New York: FY17 runs October 1, 2016 to September 30, 2017
- Puerto Rico: FY17 runs March 29, 2016 to March 28, 2017
- Texas: FY17 runs September 1, 2016 to August 31, 2017
- Virginia: FY17 runs April 1, 2016 to March 31, 2017
- West Virginia: FY17 runs January 1, 2017 to December 31, 2017
- Wisconsin: FY17 runs January 1, 2017 to December 31, 2017

The data from this survey will be used by NAQC to:

- A. Report on the state of quitlines and trends over time
- B. Compile quitline benchmarks for key metrics and provide benchmarks and rankings to each quitline
- C. Continue to make the case for funding quitlines
- D. Help forecast technical and other needs of the quitline community

Survey Directions

FY2017 Annual Survey Training Webinar:

The survey training webinar was held on **September 27, 2017**. We encourage you to view this webinar prior to completing the survey. The webinar covers the following:

- Review the major topics asked about in the survey
- Review how to submit survey data via Survey Monkey
- Review how to access technical assistance for submitting survey data
- Discuss how the FY17 Annual Survey methodology and survey tool have changed from the previous Annual Survey
- Review how the Annual Survey data will be used by NAQC and made available to the quitline community

To download slides from the FY17 Annual Survey training webinar and/or listen to a recording of the training webinar go to <http://www.naquitline.org/page/2017survey>.

Submitting FY17 Annual Survey Data

NAQC uses Survey Monkey to collect data. We ask that all states submit FY17 Annual Survey data via Survey Monkey.

By following the steps laid out below, you will reduce the amount of time it takes you complete the survey and minimize potential issues with submitting the data in Survey Monkey.

Special Note: *We have moved the closing date for the survey to December 8, 2017 to allow states sufficient time to gather and review data before submitting. We encourage states to use the month of October to work with their service provider to gather utilization, demographic and evaluation data. The month of November can then be used by the state to gather budget and other service information data before submitting data by December 8, 2017.*

Steps for submitting survey data via Survey Monkey:

1. Designate one staff member to be responsible for completing the survey
2. Download **and** complete the WORD or PDF version of the [FY17 Annual Survey](#)
 - a. We recommend you first gathering all responses to the survey and writing them on a hard copy of the survey.
 - b. Many of the questions asked in the survey will require that you gather the information from other staff in the department or from the service provider.
 - c. The WORD or PDF version of the survey will allow quitline staff to share the survey with colleagues, have responses supplied and then documented in one place.
3. Access Survey Monkey
 - a. Once the PDF version of the survey is complete, then go to the Survey Monkey using the link provided in the Annual Survey Launch Email sent by NAQC on **October 2, 2017**.
 - b. Choose a time when you will be able to complete the survey in Survey Monkey during **one uninterrupted session**.
 - c. Use the completed WORD or PFD version of the FY17 Annual Survey to fill in responses in Survey Monkey.

Response Instructions

- We have placed instructions immediately following each question to make it easier for respondents.
- Questions with an “*” next to them require a response in Survey Monkey.

For Technical Assistance

If you have any general, technical, or content related survey questions, please email annualsurvey@naquitline.org or call 800.398.5489 ext. 701.

Begin FY2017 Annual Survey

CONTACT INFORMATION

- *1. Please provide contact information for the person NAQC should contact with any questions about your responses.**

Directions:

- Please type in "**N/A**" for fields that do not apply rather than leaving them blank.

Full Name:	
Job Title:	
Employer/Organization:	
State (of your quitline):	
Email:	
Phone:	

QUITLINE SERVICES

Questions 2 to 15 ask about services and cessation medications offered by your state's quitline in FY17.

***2. Please indicate for each option listed below if your state's quitline provided that service in FY17.**

Quitline Services	Was the service offered in FY17?
a. Text Messages to Cell Phones (i.e., interactive/ two-way – messages sent and received between quitline and quitline participant, including messages sent by an automated program or quitline counselor)	☐ yes ☐ no
b. Text Messages to Cell Phone (i.e., one-way – message(s) sent by quitline to quitline participant, but no capability for quitline participant to text back)	☐ yes ☐ no
c. Web-based Self-help Tools (i.e. downloadable self-help guide to cessation, cost-calculator, e-lessons on cessation)	☐ yes ☐ no
d. Automated E-mail Messages (i.e., standalone service, with no ability to tailor the email content to the needs of individual quitline participants)	☐ yes ☐ no
e. Web-based Interactive Counseling (i.e., instant messaging or emailing with a cessation counselor, where content is tailored to the needs of the individual quitline participant)	☐ yes ☐ no
f. Web-based Chat Rooms – (i.e., Unmoderated or Moderated)	☐ yes ☐ no
g. Mobile Cessation Apps – (i.e., software applications that can be downloaded to a smartphone or tablet from a distribution platform such as the Apple App Store or Google Play.)	☐ yes ☐ no
h. Referral to other cessation services offered by public or private health plans	☐ yes ☐ no
i. Referral to other public and private health services for chronic conditions (e.g., Diabetes, Hypertension)	☐ yes ☐ no

3. If your state's quitline provided services in FY17 not captured in Question 2, please list and describe the services here.

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***4. In FY17, did your state's quitline have any of the following cessation protocols for specific populations? Please check all that apply.**

☐ Behavioral health

☐ Native American

☐ Youth (under 18 years)

☐ Other (Please specify): _____

***5. Please indicate on the table below what types of FDA-approved cessation medications your state’s quitline provided in FY17, and if the cessation medications were “free” or “discounted”.**

FDA-approved cessation medications	In FY17 did your state’s quitline provide any of the FDA-approved cessation medications listed?	In FY17, was the cessation medication “free” or “discounted”?
a. Nicotine Replacement Therapy - Patch	☐ Yes ☐ No	☐ Free ☐ Discounted ☐ Not applicable
b. Nicotine Replacement Therapy - Gum	☐ Yes ☐ No	☐ Free ☐ Discounted ☐ Not applicable
c. Nicotine Replacement Therapy - Lozenge	☐ Yes ☐ No	☐ Free ☐ Discounted ☐ Not applicable
d. Nicotine Inhaler	☐ Yes ☐ No	☐ Free ☐ Discounted ☐ Not applicable
e. Nicotine Nasal Spray	☐ Yes ☐ No	☐ Free ☐ Discounted ☐ Not applicable
f. Bupropion (Wellbutrin)	☐ Yes ☐ No	☐ Free ☐ Discounted ☐ Not applicable
g. Varenicline (Chantix)	☐ Yes ☐ No	☐ Free ☐ Discounted ☐ Not applicable

***6. Please check which populations listed below were eligible for cessation medications in FY17. Please check all that apply.**

- ☐ State Quitline **did not** provide NRT in FY17
- ☐ State residents 18 years+
- ☐ State residents under 18 years
- ☐ State residents who are enrolled in Medicaid
- ☐ State residents who are uninsured or underinsured
- ☐ State residents who are pregnant

7. If there are any other populations eligible for cessation medications from your state's quitline not captured in Question 6, please list them here.

***8. In FY17, how did your state's quitline distribute cessation medications?**

- ☐ State Quitline **did not** provide NRT in FY17
- ☐ Voucher
- ☐ By Mail
- ☐ Both Voucher and By Mail
- ☐ Other (Please specify): _____

***9. Please indicate the standard amount of NRT your state's quitline provided to eligible quitline participants in FY17.**

Definition of Standard Amount: Standard Amount refers to the amount of NRT provided to the average eligible quitline participants that enroll in quitline services during the majority of the fiscal year (i.e., not during TIPS campaign). NAQC acknowledges that state quitlines may provide more or less NRT to specific groups of quitline participants (i.e., Medicaid enrollees, quitline participants seeking a Starter Kit of NRT). However, for this question please focus on the amount of NRT provided to the average eligible quitline participant.

- ☐ State Quitline **did not** provide NRT in FY17 – **SKIP to Question 14**
- ☐ 2 week supply – **CONTINUE to Question 10**
- ☐ 4 week supply – **CONTINUE to Question 10**
- ☐ 8 week supply – **CONTINUE to Question 10**
- ☐ Other: please specify - **CONTINUE to Question 10**

10. Are some quitline participants eligible for a longer supply, beyond the standard amount provided as reported in Question 9?

- ☐ Yes – **CONTINUE to Question 11**
- ☐ No – **SKIP to Question 12**
- ☐ Do not know – **SKIP to Question 12**

11. Please describe which populations were eligible for a longer supply of NRT and the amount they were eligible to receive in FY17.

12. Did the standard amount of NRT provided to eligible quitline participants in FY17 decrease at any point in the fiscal year?

- ☐ Yes – **CONTINUE** to Question 13
- ☐ No – **SKIP** to Question 14
- ☐ Do not know – **SKIP** to Question 14

13. Please indicate why the standard amount of NRT provided to eligible quitline participants in FY17 decreased (e.g., budget constraints, TIPS campaign).

***14. Please indicate if your state’s quitline provided a free 2-week NRT starter kit in FY17. This is outside of the standard amount of NRT provided to eligible quitline participants as reported in Question 9.**

- ☐ Yes – **CONTINUE** to Question 15
- ☐ No – **SKIP** to Question 16
- ☐ Do not know – **SKIP** to Question 16

15. Please indicate who was eligible for the free 2-week NRT starter kit in FY17.

- ☐ All quitline callers 18 years or older, regardless of their eligibility for other services offered by the quitline (e.g., counseling or cessation medications).
- ☐ Only quitline participants who are eligible for cessation medications.
- ☐ Other (please describe):

Questions 16 to 21 ask about provision of cessation medications to Medicaid enrollees and efforts to identify or outreach to specific populations.

***16. For FY17, please indicate if your state quitline provided any amount of cessation medication(s) to quitline participants who were enrolled in Medicaid.**

☐ State quitline **provided** cessation medication to quitline participants enrolled in Medicaid. – **CONTINUE to Question 17**

☐ State quitline **did not** provide any cessation medications to quitline participants enrolled in Medicaid. – **SKIP to Question 21**

☐ Do not know – **SKIP to Question 21**

17. Please indicate on the table below which types of cessation medications were provided to quitline participants enrolled in Medicaid, and the amount provided during an average time of the year (i.e., not during the Tips™ campaign).

Cessation Medications	In FY17 did your state's quitline provide any of the cessation medications listed to quitline participants enrolled in Medicaid?	Please report the amount provided during an average time of the year (i.e., not during the Tips™ campaign)
a. Nicotine Replacement Therapy - Patch	☐ yes ☐ no	☐ 2 weeks ☐ 4 weeks ☐ 6 weeks ☐ 8 weeks ☐ Other amount ☐ Not applicable
b. Nicotine Replacement Therapy - Gum	☐ yes ☐ no	☐ 2 weeks ☐ 4 weeks ☐ 6 weeks ☐ 8 weeks ☐ Other amount

		☐ Not applicable ☐ 2 weeks ☐ 4 weeks ☐ 6 weeks ☐ 8 weeks ☐ Other amount ☐ Not applicable
c. Nicotine Replacement Therapy - Lozenge	☐ yes ☐ no	☐ 2 weeks ☐ 4 weeks ☐ 6 weeks ☐ 8 weeks ☐ Other amount ☐ Not applicable
d. Nicotine Inhaler	☐ yes ☐ no	☐ 2 weeks ☐ 4 weeks ☐ 6 weeks ☐ 8 weeks ☐ Other amount ☐ Not applicable
e. Nicotine Nasal Spray	☐ yes ☐ no	☐ 2 weeks ☐ 4 weeks ☐ 6 weeks ☐ 8 weeks ☐ Other amount ☐ Not applicable
f. Bupropion (Wellbutrin)	☐ yes ☐ no	☐ 2 weeks ☐ 4 weeks ☐ 6 weeks ☐ 8 weeks ☐ Other amount ☐ Not applicable
g. Varenicline (Chantix)	☐ yes ☐ no	☐ 2 weeks ☐ 4 weeks ☐ 6 weeks ☐ 8 weeks ☐ Other amount ☐ Not applicable

18. If your state's quitline reported "Other amount" for any of the cessation medications in Question 17, please describe the amount provided below.

19. Please indicate how the state quitline paid for cessation medications provided to quitline participants enrolled in Medicaid.

- ☐ The state quitline paid 100% of the cost.
- ☐ The state quitline received reimbursement from the state Medicaid agency for some percentage of the cost.
- ☐ The state quitline received reimbursement from the state Medicaid agency for 100% of the cost.
- ☐ Do not know
- ☐ Other (please specify):

20. Please indicate if your state quitline directed Medicaid enrollees on how to access more NRT and other cessation medications via the state Medicaid cessation benefit.

- ☐ Yes, the state quitline directed Medicaid enrollees on how to access more NRT and other cessation medications through the state Medicaid cessation benefit – **SKIP to Question 22**
- ☐ No, the state quitline was not able to direct Medicaid enrollees on how to access more NRT or other cessation medications via the state Medicaid cessation benefit. – **SKIP to Question 22**
- ☐ Do not know – **SKIP to Question 22**

21. Please indicate if your state quitline directed Medicaid enrollees on how to obtain cessation medications via the state Medicaid cessation benefit.

- ☐ Yes, the state quitline directed Medicaid enrollees on how to access cessation medications through the state's Medicaid cessation benefit.
- ☐ No, the state quitline was not able to direct Medicaid enrollees on how to access cessation medications via the state Medicaid cessation benefit.
- ☐ Do not know

***22. Did your state's quitline target any populations for special outreach in FY17?**

Definition of Special Outreach:

Special Outreach is the act of engaging with a population or organization that serves a specific population to increase awareness and utilization of quitline services. Special Outreach **goes beyond** provision of pamphlets, posters or general communication information on state quitline services.

- ☐ Yes – **CONTINUE** to Question 23
- ☐ No – **SKIP** to Question 24
- ☐ Do not know – **SKIP** to Question 24

23. Please list which population(s) your state's quitline targeted for special outreach in FY17.

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Questions 24 to 28 ask about quitline efforts focused on HUD housing residents and Lung Cancer Screening.

***24. Is your state's quitline working with your local HUD agency to deliver cessation services to HUD housing residents? Note, we are seeking information from states whose work/collaboration with their local HUD agency that goes beyond billboard ads paid for by CDC.**

- ☐ Yes
- ☐ No
- ☐ Do not know

***25. Is your state's quitline collecting data on the number of HUD housing residents receiving cessation services from the state quitline?**

- ☐ Yes
- ☐ No
- ☐ Do not know

***26. Does your state's quitline ask Lung Cancer Screening questions to identify those eligible for screening?**

- ☐ Yes – CONTINUE to Question 27
- ☐ No – SKIP to Question 29
- ☐ Do not know – SKIP to Question 29

27. Does your state's quitline gather data on callers ages 55 to 80 years old who are eligible for Lung Cancer Screening?

☐ Yes

☐ No

☐ Do not know

28. What referral actions does your state's quitline take to connect eligible quitline callers to Lung Cancer Screening resources?

☐ The state quitlines recommends eligible quitline callers discuss Lung Cancer Screening with their health care provider.

☐ The state quitline provides eligible quitline callers with information on qualified facilities in the area for Lung Cancer Screening.

☐ The state quitline is able to warm-transfer eligible quitline callers to qualified facilities in the area for Lung Cancer Screening.

☐ Do not know

☐ Other (please describe): _____

BUDGET & FUNDING SOURCES

Questions 29 to 32 ask about your state's FY17 total tobacco control program budget, total quitline budget & funding sources for the total quitline budget.

***29. What was your state's total state tobacco control budget amount for FY17?**

Directions:

- If you do not know an amount for the **total** state tobacco control budget, or are unable to report it, please enter **"-9" (minus nine)** rather than leave the table blank.
- Please enter **whole numbers with no decimals or other symbols**.

FY17 Total State Tobacco Control Budget: \$

***30. Please provide the FY17 budget amounts for each quitline budget category listed in the table below.**

Please include funds from all sources (e.g., state funds, CDC funds, non-governmental funds)

For funding that begins and ends on a timeline other than your state's FY17:

- Take the average of the total available funds per month, and only report the portion of those funds for the number of months the funds were available during your state's FY17.
- *For example, if funds were awarded for October 2015 – September 2016 for a quitline whose FY17 was July 1, 2016 – June 30, 2017, this would mean funds were available for 3 months of FY17. So the total amount of funds that should be reported for FY17 would be 25% of the total (The equation would be: total amount of funds awarded x .25 = amount of funds awarded during FY17).*

General Tips & Reminders:

- If your budget did not include funds for a given budget category please **enter a "0" (zero)**.
- If you do not know an amount for a given budget category, or are unable to report on a specific budget category, **please enter "-9" (minus nine)** rather than leave the table blank.
- Please enter **whole numbers with no decimals or other symbols**.

Definition of Quitline Services Budget:

Quitline services budget includes: screening, counseling, providing materials, overhead and administration fees, and fax referral operations. The quitline services budget **does not** include medications, evaluation, media/promotions & outreach, research grants, general website support and onetime capital expenditures.

Definition of Quitline Medications Budget:

Quitline medications budget encompasses all cessation medications (i.e., over-the-counter and prescription) offered in conjunction with quitline services.

Definition of Quitline Evaluation Budget:

Quitline evaluation budget includes funds budgeted/spent on quitline evaluation activities, including contracts with third-party evaluators.

Definition of Quitline Media/Promotions & Outreach Budget:

Quitline media/promotions & outreach budget includes any, and all, activities that quitlines undertake to help promote their desired outcome (e.g., increased awareness towards increasing call volumes) and may include coordinated or standalone media campaigns, promotions related to subsidized pharmacotherapies, and collaboration with other programs or agencies. The quitline media/promotions & outreach budget **does not** include earned or free media. Please **exclude** all earned and free media monies. **Note:** If it is not possible to calculate the media/promotions amount for the quitline separately, then please provide the best estimate. This is very useful information to show the relationship between media/promotion expenditures and reach. Outreach is the act of providing quitline and referral information to specific populations or groups through activities such as face-to-face meetings or training sessions with key organizations that provide services to the targeted population. While the quitline outreach budget may be separate from the activities of the quitline media/promotions budget for some quitlines, we are asking that the quitline media/promotions & outreach be reported as one budget.

Definition of Other Quitline Specific Items & Activities Budget:

Other quitline specific items & activities budget includes any other quitline-specific items/categories which do not fit into the other quitline budget categories specified in the table.

Definition of TOTAL QUITLINE BUDGET:

TOTAL Quitline Budget should be the sum of budget categories listed in a – e of the table.

FY17 Quitline Budget	Total Dollar Amount for FY17
30a. Quitline Services	\$
30b. Quitline Medications	\$
30c. Quitline Evaluation	\$
30d. Quitline Media/Promotions & Outreach	\$
30e. Other Quitline specific items or activities	\$
30f. Total Quitline Budget (sum of a – e)	\$

***31. For FY17, please indicate on the table below all government funding sources that supported your total FY17 quitline budget (as reported in Question 30, Row f).**

Government Funding Sources	Did your state's quitline receive funding from any of these sources in FY17?
31a. CDC	☐ yes ☐ no
31b. State funds (includes general fund, tobacco taxes)	☐ yes ☐ no
31c. State Medicaid funds that are allocated directly from the state Medicaid budget to the state tobacco control program. These funds are <u>separate</u> from Medicaid Match/FFP	☐ yes ☐ no
31d. Federal Financial Participation (FFP, i.e., Medicaid Match) for quitline administrative expenditures for Medicaid beneficiaries, secured through the CMS quitline guideline that are drawn down by the state Medicaid agency and paid to the state tobacco control program specifically for the quitline budget.	☐ yes ☐ no
31e. Master Settlement Agreement (MSA) or Tobacco settlement funds	☐ yes ☐ no
31f. Research grant from government sources (e.g., NIH, CDC)	☐ yes ☐ no
31g. Other public funders	☐ yes ☐ no

***32. On the table below, please indicate the dollar amount received from each funding source listed for your state's total FY17 quitline budget (as reported in Question 30 Row f).**

Directions:

- If no funds were received from a funding source listed, please respond with **"0" (zero)** rather than leave it blank.
- If you do not know or are unable to report on the funding source, please respond with **"-9" (minus nine)** rather than leave them blank.
- Please enter **whole numbers with no decimals or other symbols.**

Government Funding Sources	Amount of money received from this source in FY17
32a. CDC	\$
32b. State funds (includes general fund, tobacco tax)	\$
32c. Other Sources (e.g., MSA funds)	\$

UTILIZATION SECTION

Questions 33 thru 47 ask state quitlines to report on utilization. The questions begin with volume by mode of entry to the state quitline, then to registration by mode of entry, to unique tobacco users and finally on to services received by unique tobacco users.

VOLUME BY MODE OF ENTRY

Questions 33 to 38 ask state quitlines to report volume by mode of entry (e.g., Direct Calls, Web visits and Referrals. These are not unique individuals, and are intended to capture the overall level of interest in quitline services.

Definition of Direct Call: A direct call is an inbound call to the quitline telephone system, regardless of whether the call was answered. This includes proxy calls or wrong numbers.

Definition of Web Visits to Web Enrollment Page/Site: Web visits to web enrollment page/site refers to any page view to the state quitline's web enrollment page/site, regardless of whether the view results in any clicks or registration entry.

Definition of Referral: Referrals are client referrals to the quitline from health professionals (e.g. health care provider, dentist, pharmacist), state services or community-based service organizations (e.g. WIC, Head Start, workforce development) on behalf of a patient or client who expressed interest in assistance with quitting tobacco, which generates an outbound call initiated from the quitline to the patient.

***33. How many direct calls did your state's quitline receive in FY17?**

Directions:

- Please report on the **total** number of direct calls to the quitline.
- Please **do not** report the number of unique individuals/callers. This data will be captured later in the survey.
- Please **do not** report the number of referrals. This data will be captured later in the survey.
- Please enter **whole numbers with no decimals or other symbols**.
- If you are unable to report the number of direct calls, enter "-9" (minus nine) rather than leaving it blank.

N=

***34. In FY17, did your state's quitline offer web-based enrollment for phone counseling and/or cessation medications (including NRT starter kits)?**

☐ Yes, the state quitline offered web-based enrollment for phone counseling and/or cessation medications. – **CONTINUE to Question 35**

☐ No, the state quitline did not offer web-based enrollment for phone counseling and/or cessation medications – **SKIP to Question 36**

35. How many web visits to the web enrollment page/site did your state's quitline receive in FY17?

Directions:

- Please report on the **total** number of **web visits to the web enrollment page/site**.
- Please **do not** report the number of registrations. This data will be captured later in the survey.
- Please enter **whole numbers with no decimals or other symbols**.
- If you are unable to report the number of **web visits to the web enrollment page/site** please enter **"-9" (minus nine)** rather than leaving it blank.

N=

***36. Please indicate if your state's quitline was able to receive referrals from the following referral modes in FY17.**

Definition of Electronic Health Record (EHR):

The terms electronic health record (EHR) and electronic medical record (EMR) are often used interchangeably, although technically there is a distinction between the two. An EMR is a computerized medical record designed to replace the traditional paper chart in a provider setting. EHRs are essentially EMRs with the capacity for greater electronic exchange (e.g., following patients from practice to practice, data exchange and messaging among physicians).

Quitline Referral Mode of Receipt	In FY17, did your state's quitline accept referrals from the referral mode listed:
36a. Fax Referral Form	☐ yes ☐ no
36b. Email or Online Referral	☐ yes ☐ no
36c. Electronic Health Record (EHR) – transmitted directly from an EHR to the quitline	☐ yes ☐ no

37. Please list any other referral modes your state's quitline accepted referrals from in FY17 that were not captured in Question 36.

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***38. Please report the total number of referrals received from each referral mode in FY17. Please report on all that apply.**

Directions:

- Please report on the **total** number of referrals to the quitline for each **referral mode** listed.
- Please **do not** report the number of registrations. This data will be captured later in the survey.
- Please enter **whole numbers with no decimals or other symbols**.
- If you are unable to report the number of referrals, enter **"-9" (minus nine)** rather than leaving it blank.

Quitline Referral Mode of Receipt	Total number of referrals the quitline received from listed referral mode
38a. Fax Referral Form	N=
38b. Email or Online Referral	N=
38c. Electronic Health Record (EHR) – transmitted directly from an EHR to the quitline	N=
38d. Other Referral Modes reported in Question 37	N=
38e. Total referrals [sum of rows a – d]	N=

REGISTRATIONS BY MODE OF ENTRY

Questions 39 – 41 ask about completed registrations by mode of entry

***39. Please report on the following table the total number of completed registrations for phone counseling and/or cessation medications (including NRT starter kits), by mode of entry.**

Definition of Registration: Registration refers to questions asked by the state quitline of tobacco users seeking cessation assistance to enroll the tobacco user in cessation services.

Definition of Direct Call: A direct call is an inbound call to the quitline telephone system, regardless of whether the call was answered. This includes proxy calls or wrong numbers.

Definition of Web Visits to Web Enrollment Page/Site: Web visits to web enrollment page/site refers to any page view to the state quitline's web enrollment page/site, regardless of whether the view results in any clicks or registration entry.

Definition of Web Enrollment: Web enrollment is an online intake form for enrollment in cessation services offered by the state quitline and completed via the state quitline's web enrollment page/site.

Definition of Referral: Referrals are client referrals to the quitline from health professionals (e.g. health care provider, dentist, pharmacist), state services or community-based service organizations (e.g. WIC, Head Start, workforce development) on behalf of a patient or client who expressed interest in assistance with quitting tobacco, which generates an outbound call initiated from the quitline to the patient.

Directions:

- Please report on the **total** number of **completed registrations** for each mode of entry listed.
- Please **do not** report the number of **partial or incomplete registrations**.
- Please **exclude** participants who registered for any of the following services:
 - Web **only** program and **did not** receive NRT
 - Email **only** Program and **did not** receive NRT
 - Text **only** program and **did not** receive NRT
 - Materials **only** and **did not** receive NRT
- Please enter **whole numbers with no decimals or other symbols**.
- If you are unable to report the number of **completed registrations**, enter "-9" (minus nine) rather than leaving it blank.

39a. How many <u>completed</u> registrations from <u>direct calls</u> in FY17 for phone counseling and/or cessation medications (including NRT starter kits) ?	N=
39b. How many <u>completed</u> registrations from <u>web enrollment</u> in FY17 for phone counseling and/or cessation medications (including NRT starter kits) ?	N=
39c. How many <u>completed</u> registrations from <u>referrals</u> in FY17 for phone counseling and/or cessation medications (including NRT starter kits) ?	N=
39d. How many <u>completed</u> registrations from other efforts conducted by the state quitline (i.e. Outbound recruitment) in FY17 for phone counseling and/or cessation medications (including NRT starter kits) ?	N=

39e. Total number of completed registrations in FY17 for phone counseling and/or cessation medications (including NRT starter kits). (sum of a-d)	N=
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***40. In FY17, did your state quitline offer web-based or mobile health cessation services (i.e., text messaging, web-based interactive counseling, web-based chat rooms)?**

☐ Yes, the state quitline offered web-based or mobile health cessation services - **CONTINUE to Question 41**

☐ No, the state quitline did not offer web-based or mobile health cessation services – **SKIP to Question 42**

41. How many completed registrations, either via the phone or web-based enrollment, for web-based or mobile health cessation services did the state quitline receive in FY17?

Definition of Registration: Registration refers to questions asked by the state quitline of tobacco users seeking cessation assistance to enroll the tobacco user in cessation services.

Directions:

- Please report on the total number of **completed** registration.
- Please **do not** report the number of **partial or incomplete** registrations.
- Please enter **whole numbers with no decimals or other symbols**.
- If you are unable to report the number of **completed registrations**, enter "-9" (minus nine) rather than leaving it blank.

N=

UNIQUE TOBACCO USERS AND CESSATION SERVICES RECIEVED

Questions 42 – 47 ask for data on unique tobacco users

***42. Among the total number of completed registrations in FY17, as reported in Question 39, row e, how many were unique tobacco users?**

Definition of Unique tobacco users: A unique tobacco user is a single unique unduplicated tobacco user. A unique tobacco user can be a smoker, chewer, etc. and can be a current user or recent quitter interested in staying quit (i.e., have not been quit at intake or registration for more than 30 consecutive days).

Directions:

- Please report on the **total** number of unique tobacco users.
- Please enter **whole numbers with no decimals or other symbols**.
- If you are unable to report the number of unique tobacco users, enter "-9" (minus nine) rather than leaving it blank.

N=

***43. Among the total number of unique tobacco users reported in Question 42, please report the number that received the following cessation services in FY17.**

Definition of Received Services:

Received services includes receipt of one or more of the following:

- Quitline self-help materials
- Began at least one counseling call with a cessation coach/counselor (Note: Intake/Registration time does not qualify as a counseling call)
- Received FDA approved cessation medication

Definition of Counseling Call:

Counseling Call is defined as tobacco-user centered, person tailored, in-depth, motivational interaction between a cessation coach/counselor and tobacco user. This **does not** include time spent on intake/registration or administration.

Definition of FDA Approved Cessation Medications:

FDA approved cessation medications include:

- Nicotine Replacement Therapy (NRT) in the form of gum, patch or lozenge
- Nicotine Inhaler
- Nicotine Nasal Spray

- Bupropion (Wellbutrin)
- Varenicline (Chantix)

Directions:

- For counseling, please report only individuals who **received** counseling, **not** individuals who requested counseling.
- For cessation medications, please report **only** individuals who were **provided** medications (i.e., mailed cessation medication or sent a voucher). The act of mailing cessation medication or providing a voucher, is consider a “good faith” effort by the state quitline to provide cessation medication to the quitline participant and therefore it is assumed the quitline participant received and used the cessation medication.
- Report **only** on the **highest level of service** the individual **received** during FY2017.
- Please **do not** include any tobacco users served by the National Asian Quitline.
- Please enter **whole numbers with no decimals or other symbols**.
- If you are unable to report the number, enter **"-9" (minus nine)** rather than leaving it blank.

EXAMPLES for Question 43:

- If a tobacco user registered for services twice in FY17, received counseling only the first time, and received medications the second time, then report them in Row A and Row E in the table below.
- If a tobacco user registered for services twice in FY17, received self-help materials only the first time, and received counseling only the second time, then report them in Row B and Row E in the table below.
- If a tobacco user registered for services twice in FY17, received self-help materials only the first time, and received counseling **and** medications the second time, then report them in Row A and Row E in the table below.
- The **only** tobacco users who should be reported in Row D are those who **only** received self-help materials in FY17, and **did not** receive any counseling or medications in FY17.

Type of Service Provided/Received	Number of <u>unique tobacco users</u> who received the service (s) in FY17
43a. Counseling (began at least one session) by phone <u>and</u> FDA approved cessation medications provided either through the quitline or through a web-based system.	N=
43b. <u>Only</u> Counseling (began at least one session) by phone [Do NOT include intake or registration as counseling].	N=
43c. <u>Only</u> FDA approved cessation medications provided either through the quitline or through a web-based system.	N=
43d. Self-help materials <u>only</u> (<u>without</u> counseling or medication)	N=

43e. TOTAL rows A to C. [Do NOT include individuals who received <u>only</u> self-help materials here, from Row D in this table.] (Note: This is the number that will be used to calculate treatment reach using the NAQC standard calculation.)	N=
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***44. In FY17, among unique tobacco users who received telephone counseling please report the average number of minutes for a counseling call.**

Definition of Counseling Call:

Counseling Call is defined as tobacco-user centered, person tailored, in-depth, motivational interaction between a cessation coach/counselor and tobacco user via the phone. This **does not** include time spent on intake/registration or administration.

Directions:

- Please enter **whole numbers with no decimals, or other symbols.**
- If you are unable to report the number, enter **"-9" (minus nine)** rather than leave it blank.

Average number of minutes per counseling call for tobacco users who received phone counseling=

***45. In FY17, among unique tobacco users who received telephone counseling, please report the average number of counseling calls completed.**

Definition of Counseling Call:

Counseling Call is defined as tobacco-user centered, person tailored, in-depth, motivational interaction between a cessation coach/counselor and tobacco user via the phone. This **does not** include time spent on intake/registration or administration.

Directions:

- Please enter **whole numbers with no decimals or other symbols.**
- If you are unable to report the number, enter **"-9" (minus nine)** rather than leaving it blank.

Average number of counseling callers per tobacco user who received phone counseling =

***46. Of the total number of referrals (reported in Question 38, Row e), how many were unique referrals in FY17?**

Definition of Unique Referrals:

A unique referral is a single unduplicated referral that was referred to the quitline for any reason in your FY17. A unique referral is analogous to a unique tobacco user but it is for individuals who were referred to the quitline rather than called the quitline.

Directions:

- If a quitline participant was referred from multiple providers during FY2017, please only count the quitline participant once in the unique referral count.
- If a quitline participant enrolled in quitline services or received quitline service prior to a referral, **do not** include the quitline participant in the unique referral count.
- If a referral is incomplete or invalid, please **do not** include that referral in the unique referral count.
- If a referral is ineligible for services from the quitline, please **do not** include that referral in the unique referral count.
- Please enter **whole numbers with no decimals or other symbols**.
- If you are unable to report the number, enter **"-9" (minus nine)** rather than leaving it blank.

N=

***47. Of the total number of unique referrals (reported in Question 46), how many received evidence-based cessation services in FY17?**

Definition of Evidence –Based Cessation Services:

Evidence-Based Cessation Services are:

- Began at least one counseling session by phone. Counseling is defined as a tobacco-user-centers, person-tailored, in-depth, motivational interaction between a cessation counselor/coach and a tobacco user. (*Note: Quitline Intake/Registration time does not meet this definition*)
and/or
- Provided FDA approved cessation medications:
 - Nicotine Replacement Therapy (NRT) in the form of gum, patch or lozenge
 - Nicotine Inhaler
 - Nicotine Nasal Spray
 - Bupropion (Wellbutrin)
 - Varenicline (Chantix)

Directions:

- Please enter **whole numbers with no decimals or other symbols**.
- If you are unable to report the number of unique referral that received evidence-based cessation services, **enter "-9" (minus nine)** rather than leaving it blank.

N=

**MINIMAL DATA SET INFORMATION
(TOBACCO USER DEMOGRAPHICS)**

Questions 48 – 58 ask about MDS information on quitline participants for FY17.

Directions:

- Please report MDS data on the number of **unique tobacco users** who called the quitline directly or were referred **and** received evidence-based services (medication and/or at least one session of telephone counseling). This is the number reported in **Question 43, Row e**.
- NAQC will use the information reported to provide a national picture of the populations served by state quitlines.
- The data reported below will also help calculate reach into priority populations.

***48. Of the total number of unique tobacco users receiving counseling or medications through the quitline as reported in Question 43, Row e, please indicate how many reported gender in FY17:**

Directions:

- Please enter a number in each row. If there were no **unique tobacco users** in a given category, please enter a **"0" (zero)** in that row.
- Please enter **whole numbers with no decimals or other symbols**.
- If you are unable to report a number for a specific category, enter **"-9" (minus nine)** rather than leave it blank.

Gender	Number Reported
a. Male	N=
b. Female	N=
c. Don't Know/Refused	N=

***49. Of the total number of unique tobacco users receiving counseling or medications through the quitline as reported in Question 43, Row e, please complete the table below on reported ages in FY17.**

Directions:

- Please enter a number in each row. If there were no unique tobacco users in a given category, please enter a **"0" (zero)** in that row.
- Please enter **whole numbers with no decimals or other symbols**.
- If you are unable to report a number for a specific category, enter **"-9" (minus nine)** rather than leave it blank.

Reported Age in FY17	Number or Age Reported in FY17
a. Total number of <u>unique tobacco users</u> reporting an age	N=
b. Among the total number of <u>unique tobacco users</u> reporting age, how <u>many were aged 12 to 18 years</u>	N=
c. Median age reported by <u>unique tobacco users</u>	Age=
d. Minimum age reported by <u>unique tobacco users</u>	Age=
e. Maximum age reported by <u>unique tobacco users</u>	Age=

***50. Of the total number of unique tobacco users receiving counseling or medications through the quitline as reported in Question 43, Row e, please complete the table below on reported level of education in FY17.**

Directions:

- Please enter a number in each row. If there were no unique tobacco users in a given category, please enter a **"0" (zero)** in that row.
- Please enter **whole numbers with no decimals or other symbols**.
- If you are unable to report a number for a specific category, enter **"-9" (minus nine)** rather than leave it blank.

Education Level	Number reported in FY17
a. Less than grade 9	N=
b. Grade 9-11, no degree	N=
c. GED/HS degree	N=
d. Some college or university	N=
e. College or university degree	N=
f. Don't Know/Refused	N=

***51. Of the total number of unique tobacco users receiving counseling or medications through the quitline as reported in Question 43, Row e, in FY17, how many reported being of the Hispanic or Latino ethnicity?**

Directions:

- Please enter a number in each row. If there were no unique tobacco users in a given category, please enter a **"0" (zero)** in that row.
- Please enter **whole numbers with no decimals or other symbols**.
- If you are unable to report a number for a specific category, enter **"-9" (minus nine)** rather than leave it blank.

Ethnicity	Number reported in FY17
a. Non-Hispanic/Latino	N=
b. Hispanic/Latino	N=
c. Refused/Don't Know	N=

***52. Of the total number of unique tobacco users receiving counseling or medications through the quitline as reported in Question 43, Row e, in FY17, how many reported being in each racial category listed below?**

Directions:

- Please enter a number in each row. If there were no unique tobacco users in a given category, please enter a **"0" (zero)** in that row.
- Please enter **whole numbers with no decimals or other symbols**.
- If you are unable to report a number for a specific category, enter **"-9" (minus nine)** rather than leave it blank.

Racial Category	Number reported in FY17
a. White	N=
b. Black or African American	N=
c. Asian	N=
d. Native Hawaiian or Pacific Islander	N=
e. American Indian or Alaskan Native	N=
f. Other	N=
g. Don't Know/Refused	N=

***53. Of the total number of unique tobacco users receiving counseling or medications through the quitline as reported in Question 43, Row e, how many in FY17 reported being in each category listed below?**

Directions:

- Please enter a number in each row. If there were no unique tobacco users in a given category, please enter a **"0" (zero)** in that row.
- Please enter **whole numbers with no decimals or other symbols**.
- If you are unable to report a number for a specific category, enter **"-9" (minus nine)** rather than leave it blank.

Sexual Orientation and Gender Identity	Number reported in FY17
a. Straight	N=
b. Gay or Lesbian	N=
c. Bisexual	N=
d. Transgender	N=
e. Other	N=
f. Don't Know/Refused	N=

***54. In FY17, did your state's quitline ask one or more screening questions about behavioral health issues? (see <http://www.naquitline.org/?page=optional> for the optional MDS screening questions on behavioral health issues)**

☐ YES – Continue to Question 55

☐ NO – SKIP to Question 56

55. Of the total number of unique tobacco users receiving counseling or medications through the quitline as reported in Question 43, Row e, how many in FY17 reported they had a Behavioral Health Issue?

Directions:

- Please enter a number in each row. If there were no unique tobacco users in a given category, please enter a **"0" (zero)** in that row.
- Please enter **whole numbers with no decimals or other symbols**.
- If you are unable to report a number for a specific category, enter **"-9" (minus nine)** rather than leave it blank.

N=

***56. In FY17, did your state's quitline ask one or more screening questions about other chronic health conditions? For example: Diabetes, Heart Disease, or Hypertension**

☐ YES

☐ NO

***57. In FY17, did your state's quitline collect information on insurance status of quitline callers who received services?**

☐ Yes – CONTINUE to Question 58

☐ No – SKIP to Question 59

58. Of the total number of unique tobacco users receiving counseling or medications through the quitline as reported in Question 43, Row e, how many in FY17 reported being in each insurance category listed below?

Directions:

- Please enter a number in each row. If there were no unique tobacco users in a given category, please enter a **"0" (zero)** in that row.
- Please enter **whole numbers with no decimals or other symbols**.
- If you are unable to report a number for a specific category, enter **"-9" (minus nine)** rather than leave it blank.

Insurance Type	Number reported in FY17
a. No insurance	N=
b. Medicaid	N=
c. Medicare	N=
d. Military/Veterans	N=
e. Private Insurance (i.e., Employer Sponsored Plan, Individual Plans)	N=
f. Don't Know/Refused	N=

EVALUATION

Questions 59 – 75 ask for evaluation data

Directions:

- For the Evaluation Section below, please provide information using evaluation results that most accurately reflects the status of your quitline in FY17.
- Please **do not** report quitline evaluation data that was reported in the FY15 or FY16 Annual Survey.
- The evaluation may include tobacco users who registered for services in FY15 - FY17, or earlier, depending on the timing of when your evaluation was conducted.
- The evaluation may have been conducted in FY15, FY16 or FY17.
- The flexibility in defining the time period for the evaluation is designed to allow quitlines to report evaluation information while acknowledging that evaluations are not conducted according to any set schedule, and may not nicely line up with fiscal or calendar years.

***59. Do you have evaluation data you are able to report on for your state's quitline?**

☐ YES – CONTINUE to Question 60

☐ NO – SKIP to Question 76

60. Please report the time period when participants registered for services which was used for the evaluation.

- **Example: “The evaluation results below include tobacco users who registered for services between January 1, 2016 and July 31, 2016.”**

Enter time period for registration here:

MM/DD/YYYY

Registration Start date:

Registration End date:

61. Please report the time period during which the evaluation was conducted.

- **Example: “The evaluation results below are from Evaluation Survey conducted between August 1, 2016 and February 28, 2017.”**

Enter time period for evaluation surveys here:

MM/DD/YYYY

Evaluation Survey Start date:

Evaluation Survey End date:

62. Please indicate what type of organization conducted the evaluation of your state’s quitlines services for the period you are reporting on.

- ☐ Evaluation was conducted by the state tobacco control program.
- ☐ Evaluation was conducted by the quitline service provider.
- ☐ Evaluation was conducted by an independent third party, external to the state and service provider.
- ☐ Other (please specify): _____

CONFIRMATION OF THE NAQC STANDARD QUIT RATE CALCULATIONS

QUIT RATE CALCULATIONS: NAQC's [Calculating Quit Rates, 2015 Update](#) paper recommends calculating two standard quit rates:

- 1) Calculate the 30-day point prevalence quit rate for conventional tobacco.
- 2) Calculate the 30-day point prevalence quit rate for conventional tobacco plus Electronic Nicotine Delivery Systems (ENDS).

For step-by-step instructions on calculating the recommended standard quit rates, please use the [Implementation Guide](#).

63. The denominator for the quit rate calculation included ONLY tobacco users who reported currently using tobacco (any use within the past 30 days), or having quit within the past 30 days.

☐ Yes

☐ No

64. The quit rate calculations included only tobacco users who consented to follow-up at 7 months after registration (if consent was asked at intake).

☐ Yes

☐ No

65. The quit rate calculation included only those who received either counseling (provided by phone) or medications (provided by phone or web).

☐ Yes

☐ No

66. The follow-up survey to assess quit status was conducted on average seven months after registration for services for each registrant (plus or minus 2 weeks).

☐ Yes

☐ No

67. The follow-up survey to assess quit status for conventional tobacco used the question: “have you used any tobacco, even a puff or a pinch, in the past 30 days”.

☐ Yes

☐ No

68. The follow-up survey to assess quit state for electronic nicotine delivery systems (ENDS) used the question: “have you used an e-cigarette or other electronic “vaping” product in the past 30 days?”

☐ Yes

☐ No

69. The calculated quit rate for conventional tobacco was a responder rate that divided the number of people reporting no use of conventional tobacco in the past 30 days by the number of people responding to the survey.

☐ Yes

☐ No

70. The calculated quit rate for conventional tobacco plus ENDS was a responder rate that divided the number of people reporting no use of conventional tobacco plus ENDS in the past 30 days by the number of people responding to the survey.

☐ Yes

☐ No

71. Please provide your quitline's quit rate for conventional tobacco.

QUIT RATE CALCULATIONS: NAQC's [Calculating Quit Rates, 2015 Update](#) paper recommends calculating two standard quit rates:

- 1) Calculate the 30-day point prevalence quit rate for conventional tobacco.
- 2) Calculate the 30-day point prevalence quit rate for conventional tobacco plus Electronic Nicotine Delivery Systems (ENDS).

For step-by-step instructions on calculating the recommended standard quit rates, please use the [Implementation Guide](#).

Directions:

- Please enter numbers to **one decimal place with no commas or other symbols**.
- If you are unable to report a number for a specific category, enter **"-9" (minus nine)** rather than leave it blank.

Example: 28.22% should be entered as "28.2"

Quit rate for conventional tobacco =

72. Please provide your quitline's quit rate for conventional tobacco plus ENDS.

QUIT RATE CALCULATIONS: NAQC's [Calculating Quit Rates, 2015 Update](#) paper recommends calculating two standard quit rates:

- 1) Calculate the 30-day point prevalence quit rate for conventional tobacco.
- 2) Calculate the 30-day point prevalence quit rate for conventional tobacco plus Electronic Nicotine Delivery Systems (ENDS).

For step-by-step instructions on calculating the recommended standard quit rates, please use the [Implementation Guide](#).

Directions:

- Please enter numbers to **one decimal place with no commas or other symbols**.
- If you are unable to report a number for a specific category, enter **"-9" (minus nine)** rather than leave it blank.

Example: 28.22% should be entered as "28.2"

Quit rate for conventional tobacco plus ENDS =

73. For the evaluation period described in Question 61, did your state's quitline obtain consent for follow-up?

☐ Yes – **CONTINUE** to Question 74

☐ No – **SKIP** to Question 76

74. Please complete the table below on consent for follow-up for the evaluation period described in Question 61

Directions:

- If tobacco users were allowed to register more than once for services, and were asked to consent for follow-up more than once, include them as many times as they were asked to consent.
- Please enter **whole numbers with no decimals or other symbols**.
- If you are unable to report a number for a specific category, enter **"-9" (minus nine)** rather than leave it blank.

Evaluation Consent	Number
a. Number of quitline participants asked to consent to follow-up	N=
b. Number of quitline participants who consented to follow-up	N=

75. Please complete the table below on evaluation sample and response for the evaluation period described in Question 61.

Directions:

- It is assumed that each tobacco user would only be counted once for this question.
- Please report **unique tobacco users** only.
- Please enter **whole numbers with no decimals or other symbols**.
- If you are unable to report a number for a specific category, enter **"-9" (minus nine)** rather than leave it blank.
-

Evaluation Response	Number
a. Number of quitline participants sampled for follow-up	N=
b. Number of sampled quitline participants who completed the follow-up	N=

RECOMMENDATIONS FROM NAQC BEST PRACTICE GUIDANCE PAPERS

Each year NAQC publishes one or more quitline best practice guidance papers. These papers address topics relevant to the quitline community and provide guidance on best practices to address the issue. The following section asks questions designed to provide NAQC with a better understanding of adoption and implementation of the recommendations presented in those papers.

***76.** In 2016, NAQC published “[Quitline Services: Current Practice and Evidence Base](#)” which provides a systematic review of the evidence-base for effective quitline services. Please indicate the status for adoption of the best practice recommendations from this guidance paper.

Recommendation	Did your state’s quitline adopt the recommendation?
a. Make efforts to reduce the length and burden of intake by eliminating unnecessary questions (e.g., non-MDS questions) and streamlining eligibility criteria.	☐ Recommendation has been adopted. ☐ Recommendation has not been adopted, but planning to do so in next 6 months. ☐ Recommendation has not been adopted and no plans to do so.
b. Offer multisession, proactive telephone counseling as a standard quitline service.	☐ Recommendation has been adopted. ☐ Recommendation has not been adopted, but planning to do so in next 6 months. ☐ Recommendation has not been adopted and no plans to do so.
c. If reverting to a single-call protocol becomes necessary during times of heavy demand, supplement the counseling with free NRT.	☐ Recommendation has been adopted. ☐ Recommendation has not been adopted, but planning to do so in next 6 months. ☐ Recommendation has not been adopted and no plans to do so.
d. Use IVR beyond the basic triaging of incoming calls (i.e., asking intake and evaluation questions, recruiting new participants, re-engaging participants, promoting or supplementing the use of other quitline services, or helping tobacco users quit).	☐ Recommendation has been adopted. ☐ Recommendation has not been adopted, but planning to do so in next 6 months. ☐ Recommendation has not been adopted and no plans to do so.
e. Offer a text messaging service that features content scheduled around the quitline participant’s quit date, provides frequent messages over an extended duration, and the	☐ Recommendation has been adopted. ☐ Recommendation has not been adopted, but planning to do so in next 6 months. ☐ Recommendation has not been adopted and

ability to interact or tailor the messages.	no plans to do so.
f. Provide links from the text messaging service to telephone counseling and NRT.	☐ Recommendation has been adopted. ☐ Recommendation has not been adopted, but planning to do so in next 6 months. ☐ Recommendation has not been adopted and no plans to do so.
g. Offer at least a 2-week starter kit of single-form OTC NRT to all quitline participants for whom NRT is indicated.	☐ Recommendation has been adopted. ☐ Recommendation has not been adopted, but planning to do so in next 6 months. ☐ Recommendation has not been adopted and no plans to do so.
h. Offer combination NRT or varenicline instead of single-form NRT.	☐ Recommendation has been adopted. ☐ Recommendation has not been adopted, but planning to do so in next 6 months. ☐ Recommendation has not been adopted and no plans to do so.
i. Offer at least 6-8 weeks of medication, to all quitline participants for whom NRT is indicated, as longer courses may be more effective than shorter ones.	☐ Recommendation has been adopted. ☐ Recommendation has not been adopted, but planning to do so in next 6 months. ☐ Recommendation has not been adopted and no plans to do so.
j. Offer telephone counseling to all participants provided medications, but do not require it.	☐ Recommendation has been adopted. ☐ Recommendation has not been adopted, but planning to do so in next 6 months. ☐ Recommendation has not been adopted and no plans to do so.
k. Offer a range of direct and indirect referral options to allow providers in various settings to refer tobacco users to the quitline, and make patient materials freely available to encourage provider participation.	☐ Recommendation has been adopted. ☐ Recommendation has not been adopted, but planning to do so in next 6 months. ☐ Recommendation has not been adopted and no plans to do so.
l. Develop the capacity to accept eReferrals from a range of certified EHR's and to return automated, patient-specific reports.	☐ Recommendation has been adopted. ☐ Recommendation has not been adopted, but planning to do so in next 6 months. ☐ Recommendation has not been adopted and no plans to do so.

FINAL COMMENTS
77. Survey Comments: Please list any comments you have about survey items or content and the completion/submission process that you feel may be useful for subsequent versions of the survey, or feel free to email annualsurvey@naquitline.org or call 800.398.5489 ext. 701.

REMINDER: Please click the “DONE” button in Survey Monkey when finished.